

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Thomas J. McGrath;

Confirmation No.

3617

Randy L. Merry; Mark P.

Moore

Serial No.:

10/756,895

Docket No.:

1023-231US01

Filed:

January 14, 2004

Customer No.:

28863

Examiner:

Unknown

Group Art Unit:

2632

Title:

REMOTELY OPERATING EXTERNAL MEDICAL DEVICES

CERTIFICATE UNDER 37 CFR 1.8: I hereby certify that this correspondence is being deposited with the United States Post Service, as First Class Mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on July 39, 2004.

Name: Patricia Cygan

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

Applicants submit the references listed on the attached form PTO-1449. This statement is being filed, to the best of Applicants' knowledge, before the receipt of a first Office Action on the merits.

Copies of the U.S. patents are not enclosed as this application was filed after June 30, 2003.

Respectfully submitted,

Date: 29 July 2004

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Reg. No. 46,757

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		Docket Number:	Application Number:			
INFORMATION DISCLOSURE STATEMENT IN AN APPLICATION		1023-231US01	= =			
		Applicant:				
		Thomas J. McGrath; Randy L. Merry; Mark P. Moore				
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		Examiner Name: Unknown				
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Examiner	Document Number	Issue/Document	Name	· · · · · · · · · · · · · · · · · · ·	Filing I	Date 1
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<u>Initial</u>	1	Date			Yes	N

OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)

EXAMINER	Date Considered

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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INFORMATION DISCLOSURE				
STATEMENT				

IN AN APPLICATION

(Use several sheets if necessary)

Docket Number:	Application Number:
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Applicant:	

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Examiner Name:
Unknown

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Examiner	Document Number	Publication	Country	Translation	
Initial		Date		Yes	No

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